

Work Order ID 105313

August-01-13 11:23:19 AM

105313

Page 1

Item ID: D3651-041

Revision ID:

Item Name: Aft Base Assembly

Start Date: 8/01/13 **Start Qty:** 1.00 ***1***

Required Date: 8/01/13 **Req'd Qty:** 1.00 ***1***

Reference:

Approvals: Process Plan: 11 Date: 13-08-1
QC: _____ Date: _____

Accept

N900040100

Setup Start

NS1

Stop *NS2*

Cust Item ID

Customer:

Run Start *NR1*
Stop *NR2*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>									
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

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Item ID: D3651-041

Revision ID:

Item Name: Aft Base Assembly

Start Date: 8/01/13 Start Qty: 1.00 *1*

Required Date: 8/01/13 Req'd Qty: 1.00 *1*

Reference:

Approvals: Process Plan: _____ Date: _____
QC: _____ Date: _____Sequence ID/
Work Center ID 130
130
Packaging
Packaging
Operation
Description Identify as per dwg & Stock Location: 6A
Memo140
140
QC
Quality Control
QC21- Final Inspection - Work Order Release
Memo***105313***

Page 2

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Run Start

NR1

Stop

NR2

Tooling: _____ Date: _____

SPC (Y/N): _____ Date: _____

Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
0.00		DAS 30 9-89		1			6/10/20
0.00							

Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
0.00							6/14-03-20
0.00							

6/14-03-20
H 6/14-03-20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Picklist Print

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Page 1

Work Order ID: 105313 **Start Date:** 8/01/13 **Required Date:** 8/01/13
Parent Item: D3651-041 **Start Qty:** 1.00 **Required Qty:** 1.00
Parent Item Name: Aft Base Assembly
Comments: IPP Rev:A New Issue 07-09-27 DD verified by: EC
IPP Rev:B ECN 1113P 08-01-22 DD verofoed by: EC
IPP Rev:C ecn1162 08-04-02 DD verified by: EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
CR3523-4-02 RIVET		Purchased	No			100	Each	615.0000	58	58		FF 14-03-20	
D3651-043 Flange Weldment		Manufactured	No		<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>				
					GA		456						
					124670		456						
					ST330		159						
					124198		159					50	
D3651-1 Gasket		Manufactured	No			110	Each	2.0000	1	1		FF 14-03-20	
D3651-11 Gasket		Manufactured	No		<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>				
					GA	109749	2					1	
					94017		2						
					ST188		14						
					94621		1						
					95811		13					1	
D3651-13 Outside Doubler		Manufactured	No			110	Each	8.0000	1	1		FF 14-03-20	
					<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>				
					ST188	94796	8					1	
							8						
					ST188		110	Each	14.0000	1	1	FF 14-03-20	
					<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>				
					ST188	95403	14						
						94690	4						
						95404	10						

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Picklist Print

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Work Order ID: 105313

Parent Item: D3651-041

Parent Item Name: Aft Base Assembly

Start Date: 8/01/13

Required Date: 8/01/13

Start Qty: 1.00

Required Qty: 1.00

D3651-9
Inside Doubler

Manufactured No

110 Each 7.0000

1

1

FF

14-03-20

Location	Loc Qty	Loc Code
ST188	7	
94595	3	
95376	4	/

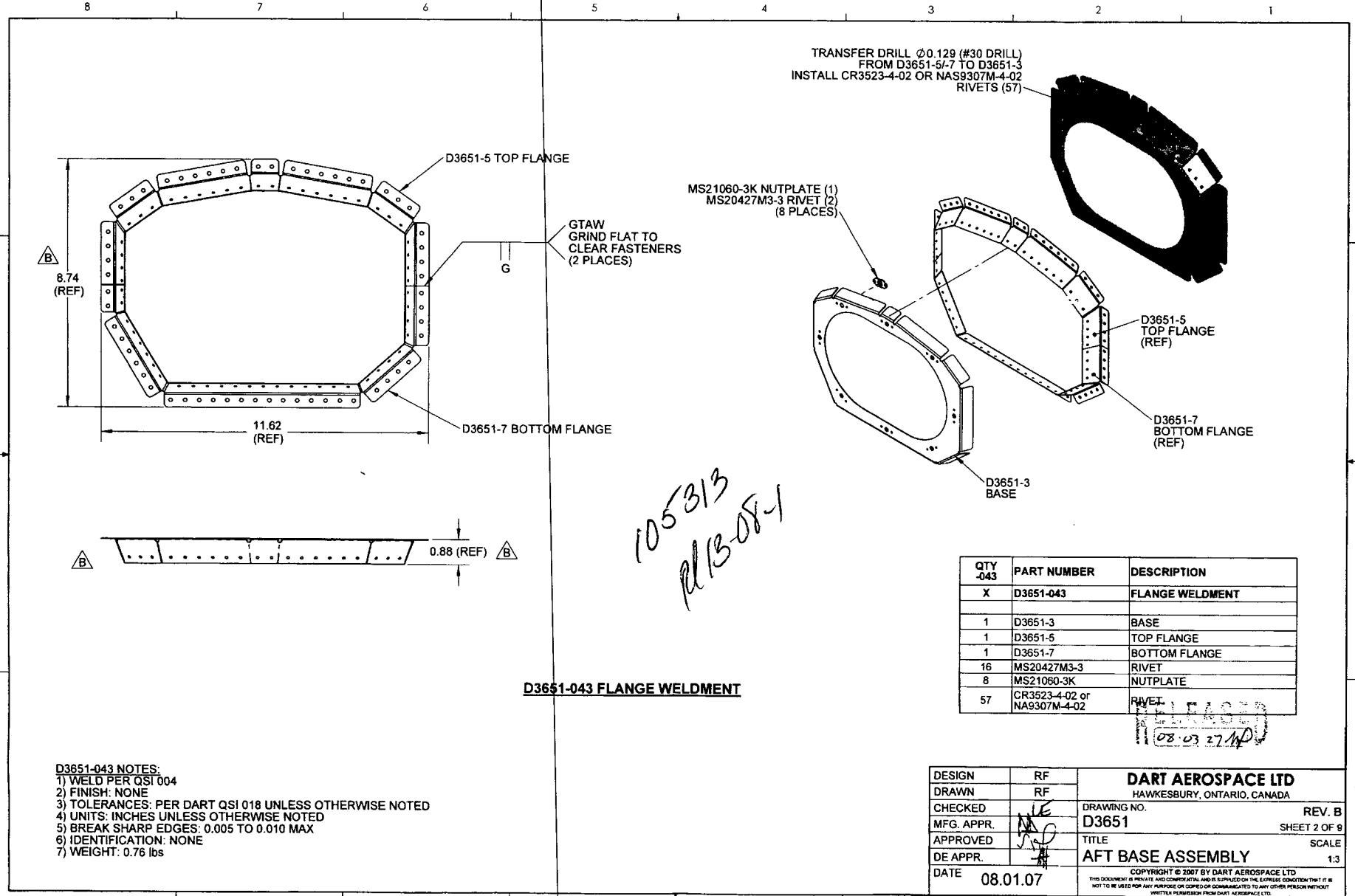
NCR: Yes / No

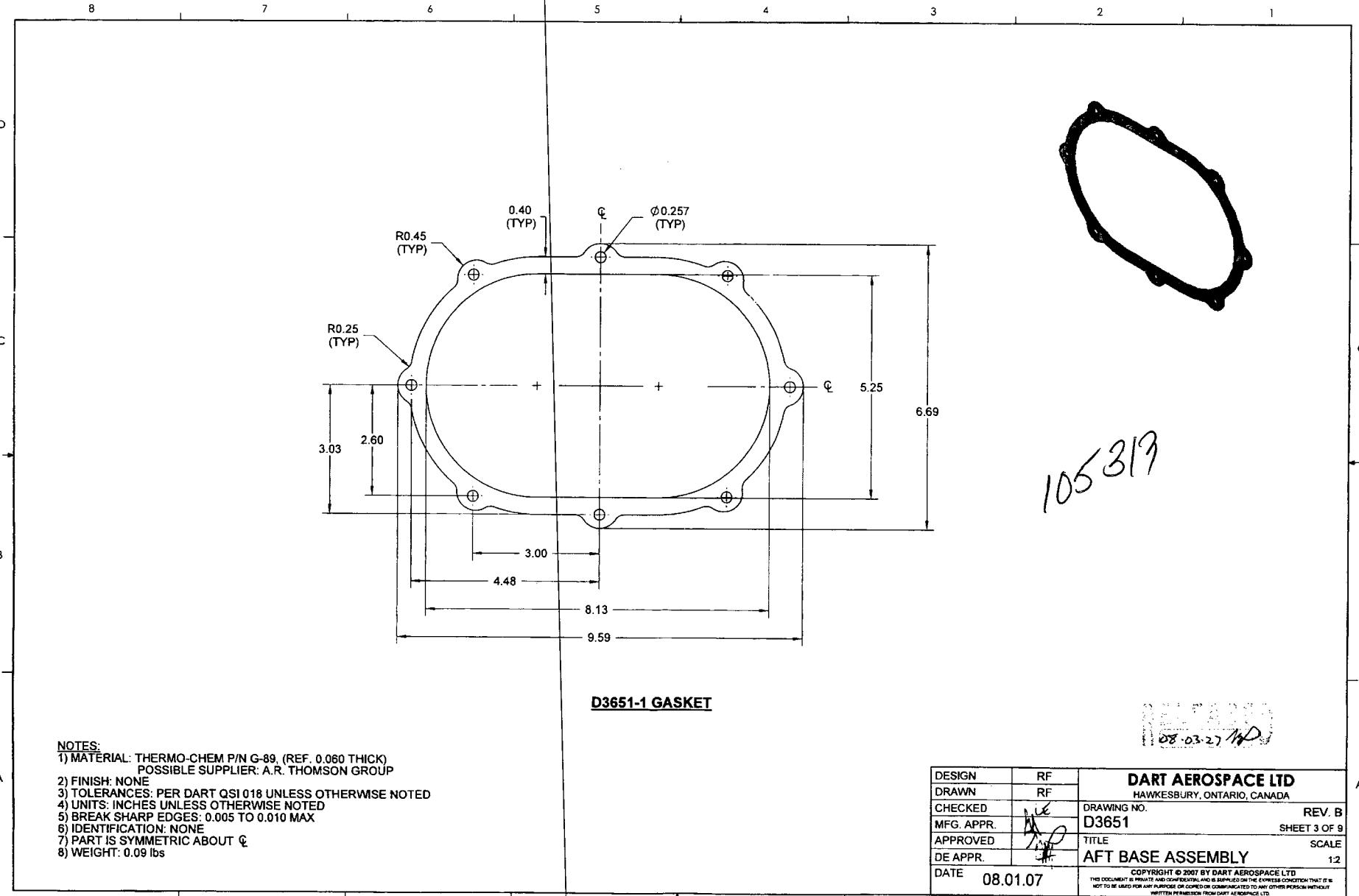
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

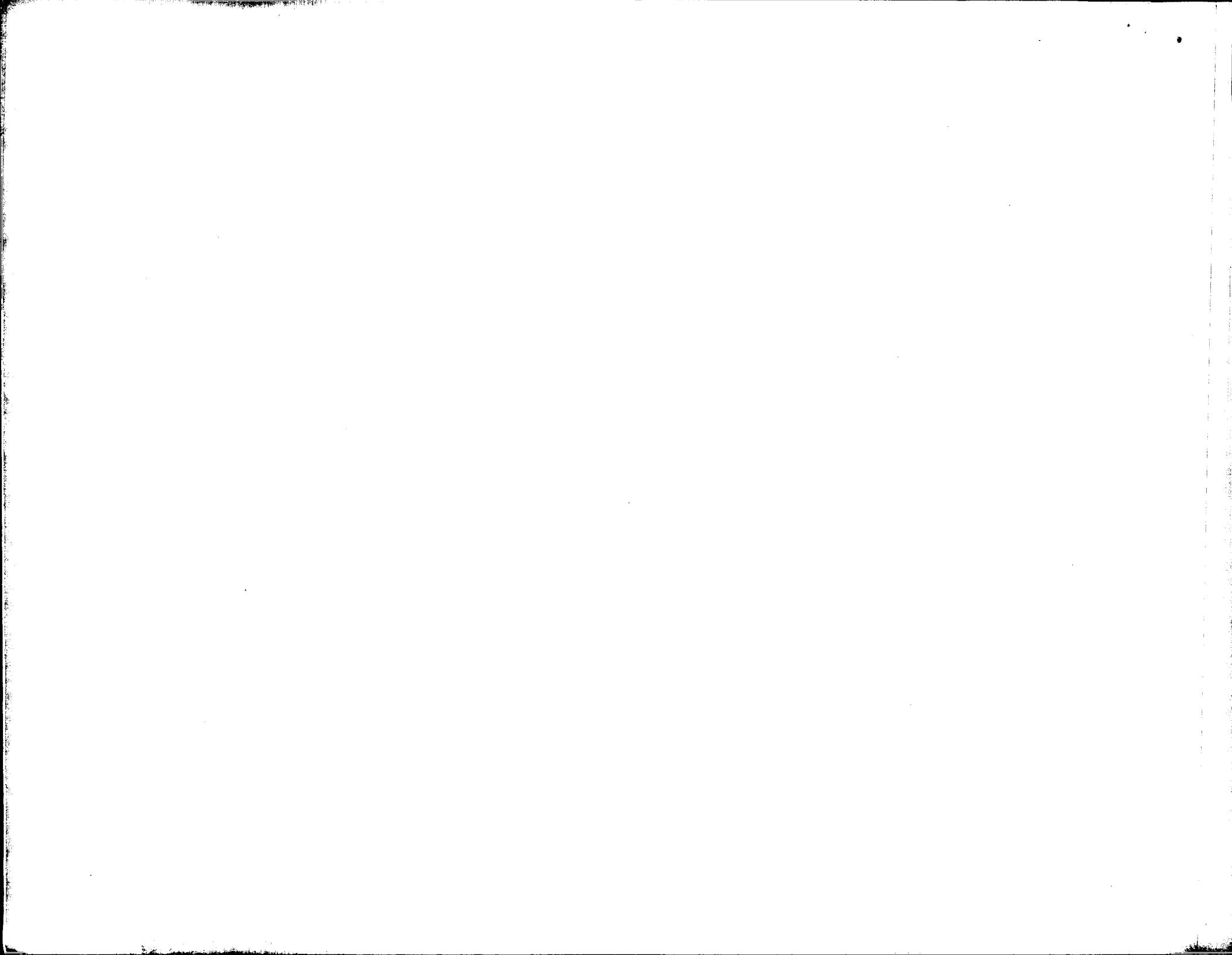
QA Closed: _____ Date: _____

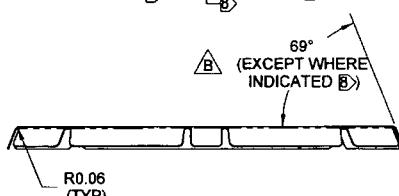
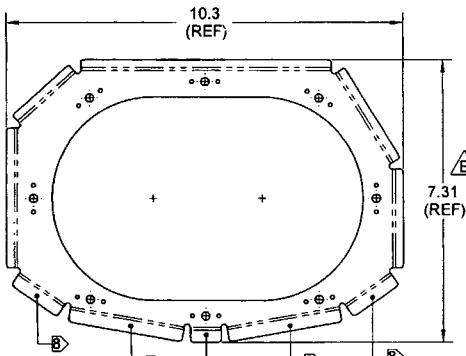
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								





DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>JK</i>	DRAWING NO.	
MFG. APPR.	<i>JK</i>	REV. B	D3651
APPROVED	<i>JK</i>	SHEET 3 OF 9	TITLE
DE APPR.	<i>JK</i>	SCALE	AFT BASE ASSEMBLY
DATE	08.01.07	12	COPYRIGHT © 2007 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS IMPERFECT ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

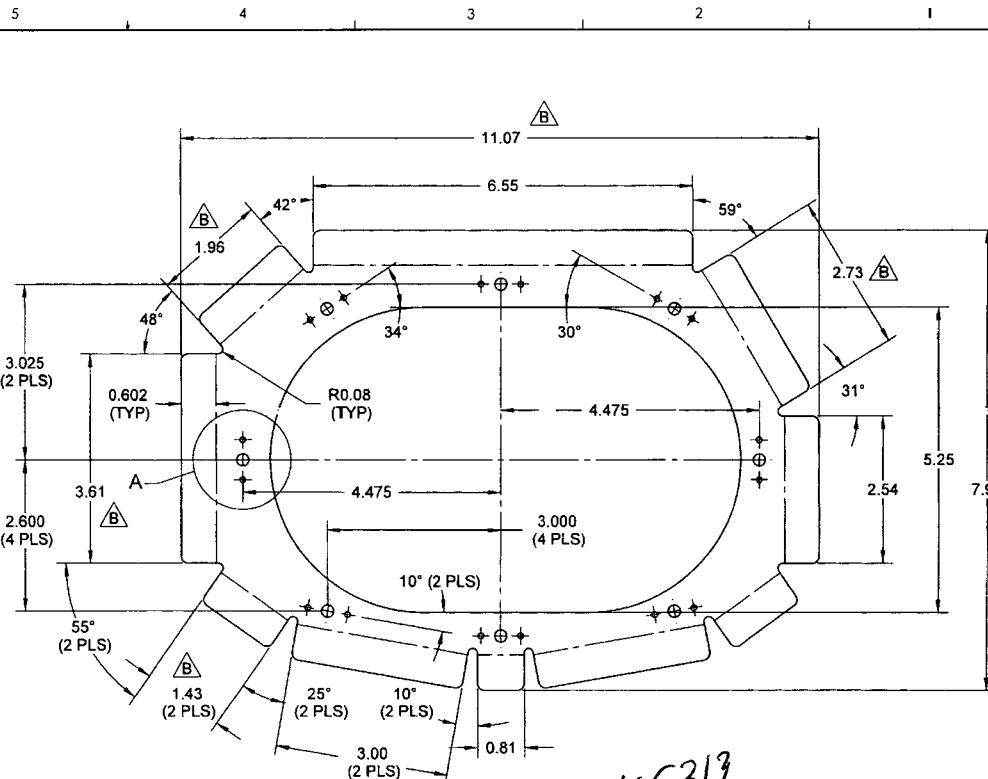




D3651-3 BASE
(MAKE FROM D3651-3F FLAT PATTERN)

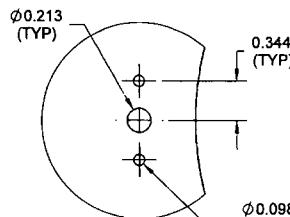
NOTES:

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL 0.018 (26 GAUGE) SHEET, PER MIL-S-5019 (REF. DART SPEC. M304S26GA)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.27 lbs
- 8) BEND TO 55° WHERE INDICATED



105319

D3651-3F FLAT PATTERN



Ø0.098 (TYP)
DIMPLE HOLES
FOR MS20427M3
RIVET

DETAIL A

DESIGN	RF	DART AEROSPACE LTD
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA
CHECKED	VE	REV. B
MFG. APPR.	ME	DRAWING NO.
APPROVED	MF	REV. B D3651 SHEET 4 OF 9
DE APPR.	W	TITLE
		SCALE
		1:2
		AFT BASE ASSEMBLY
DATE	08.01.07	COPYRIGHT © 2007 BY DART AEROSPACE LTD THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION. IT IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OTHER THAN THE SPECIFIED PURPOSE OR DISCLOSED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.